Late Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

(415)389-6800 1453905 STREET ADDRESS CITY		CONSUMERS AND COMMUNITY-BASED D. NUMBER (if applicable)	Report No Amendme to Report No. (explain below)		Page 1 of 2	FORM 497 For Official Use Only	
	ution(s) Received		No. of Pages	2			
DATE RECEIVED	FULL NAM	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
03/23/2023	NATIONAL RESTAURAN Washington, DC 20036	NT ASSOCIATION		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC ☐ IND ☐ COM ☐ OTH			\$88,000.00
				☐ PTY☐ SCC☐ IND☐ COM			
				☐ COM☐ OTH☐ PTY☐ SCC			

*Contributor Codes	
IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

FPPC Form 497(June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Late Contribution Report

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LATE CONTRIBUTION REPORT

	TION OF CALIFORNIA SMALL BUSINESS OWNERS, LOYEES, CONSUMERS AND COMMUNITY-BASED	Date of This Filing04/06/2023	Date Stamp	CALIFORNIA 497
AREA CODE/PHONE NUMBER (415)389-6800	I.D. NUMBER (if applicable) 1453905	Report No. 27		For Official Use Only
STREET ADDRESS		Amendment to Report No.	Page 2 of 2	
CITY SAN RAFAEL	STATE ZIP CODE CA 94901	(explain below) No. of Pages 2		
Lata Contribution(s) Ma	do			

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC